

Summer Employment Opportunities

Gulf Islands National Seashore

Youth Conservation Corps



Applications are now being accepted for five (5) paid summer positions performing work with the Mississippi District Youth Conservation Corps (YCC). The YCC is a summer employment program for youths from all segments of society, who work, learn and earn together. Participants accomplish needed conservation work by performing supervised projects on public land. Participants learn work ethics and relate with peers from various social, economic, ethnic and racial backgrounds. Applications can be obtained from your school guidance office or the GUIS Headquarters in Ocean Springs, MS. Applications must be postmarked no later than April 15, 2003 and mailed to Gulf Islands National Seashore, Attn: HRO-YCC, 1801 Gulf Breeze Parkway, Gulf Breeze, FL 32563. Request applications by telephone at (228) 875-9057 or (850) 916-3015.



YCC Information Sheet

Applicants must be U.S. citizens between the ages of 15 and 18 and must not reach their 19th birthday before the program end date.

Tentative program dates are June 2 through July 25, 2003. The work schedule will be Monday thru Friday from 7:30 a.m. to 4:00 p.m., and includes a 30 minute lunch and two 15 minute rest breaks.

Participants are required to complete the full 8 week program. Time off for vacations cannot be accommodated. Work will be performed primarily at Davis Bayou in Ocean Springs, MS and off-shore at Horn Island and Ship Island.

Participant's arrival/departure will be from a designated point at Davis Bayou. Worksite transportation will be by government vehicle

Participants earn a minimum wage of \$5.15 per hour, plus holiday pay as applicable. No overtime is expected, however if it does occur, participants will be paid at the overtime rate of \$7.65 per hour.

The work requires physical labor involving both indoor and outdoor projects. Exposure to common area environmental conditions and hazards should be expected, e.g., stings, snake/insect bites, sun exposure, high humidity and temperatures, etc. Participants are covered under provisions of the TORT and OWCP injury protection acts.

No lodging or meals will be provided. The seashore will provide water, nutritional drinks, sunscreen and all necessary protective equipment.

An informational/orientation session will be held prior to the program start date. All students selected to participate in the program and their parent, guardian or responsible adult are required to attend.

United States Youth Conservation Corps

The Program

The Youth Conservation Corps (YCC) is a well-balanced work-learn-earn program that develops an understanding and appreciation in participating youth of the Nation's environment and heritage. It is administered by the U.S. Department of Agriculture-Forest Service, and by the U.S. Department of the Interior-Fish and Wildlife Service and National Park Service. YCC offers gainful summer employment to youth, for approximately eight weeks, in a healthful outdoor atmosphere.

Enrollees will be paid the minimum wage for a 40 hour work week. Most projects will enroll an equal number of males and females.

Projects include building trails, maintaining fences, cleaning up campgrounds, improving wildlife habitat and thinning timber stands. Participants will do hard physical work and may be exposed to insects, poison oak and ivy, adverse weather, and difficult working conditions.

Eligibility Requirements

Young men and women, 15 through 18 years of age, who are permanent residents of the United States, its Territories, or possessions, are eligible for employment without regard to social, economic, racial, or ethnic backgrounds. Handicapped youth who can effectively participate in most YCC activities are eligible. Youth must have no history of serious criminal or other antisocial behavior that might endanger their safety or that of others; have or be able to obtain a work permit as required under the laws of their State; have a Social Security number or have made application for one; be willing and able to work hard and participate in most work projects. Employment is without regard to Civil Service or classification laws, rules, or regulations.

How You Can Enroll

To apply, youth meeting these qualifications should complete this YCC application form and return it at the earliest possible date to the nearest unit of a National Park, National Forest or National Fish and Wildlife Refuge or Hatchery.

Applicants will be selected on a random basis and will be notified of selection. Demographic information such as age, race, and family income is not used in the selection process.



Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget Paperwork Reduction Project (OMB #0596-OW4). Washington, D.C. 20503.

YCC complies with Section 504 of the Rehabilitation Act of 1973.(29 U.S. Code 794). Under this Act and implementing Regulations, handicapped persons "who, with reasonable accommodation, can perform the essential functions" of the YCC are eligible. (7 CFR Part 1 5b and 43 CFR Part 17)

Youth Conservation Corps Medical History

NOTE: The collection of this information is authorized by Public Law 93-408. The purpose of this data is to safeguard the health, safety and welfare of the enrollees of the YCC programs and may be provided to a physician in the event treatment is necessary. This information is requested on a voluntary basis; however, failure to complete this form will result in exclusion from the program.

Part I - To be completed by applicant

1. Name (Last, First, Middle Initial)		2. Address (Street, City, State, including Zip Code)	
3. Do you have health and accident insurance? Yes No If yes, list name of insurer in block 4.		4. Insured by and policy number	
5. Date of birth (mm/dd/yyyy)			
6. Diseases (Enter x if you have had any of the diseases.) ___ Rheumatic Fever ___ Tuberculosis ___ Diabetes		7. Describe treatment if disease marked in block 6.	
8. Have you had or are you having any of the following health conditions (Enter x where appropriate and describe on back)			
Allergies	Frequent infections	Other health conditions	
Hay fever	Cold	Convulsions	
Asthma	Sore throat	Fainting	
Poison ivy or oak	Ear ache	Sleepwalking	
Insects stings	Bladder or intestinal	Headache	
Skin condition	infection	Stuttering	
Other (Identify)	Venereal disease	Nervous condition	
	Other (identify)	Ulcers	
Other (Identify)		Hernia	
		Diabetic	
		Emotional problem	
		Poor hearing	
		Pregnancy	
		Swollen or	
		Back trouble or injury	
		sense of balance	
		painful joints	
		Shortness of breath	
		Persistent cough	
		Chest pains	
		Rheumatism or arthritis	
		Easy fatigue	
		Loss of weight	
		Heart condition	
		Lyme disease	
		Defects in legs	
		or feet	
		Other (identify)	
9.			
a. Are you currently taking any medication? Yes No - if yes, explain on back.			
b. Are you allergic to any medications? Yes No - if yes, explain on back.			
10. Immunization history (Enter X where appropriate and dates as indicated. A <i>Tetanus and Diptheria</i> shot is required unless you have received one or a booster within the last ten years.)			
		Date of original series	Date of last booster to insure immunization
(X) Diptheria			
(X) Polio Vaccine			
(X) Tetanus Toxoid			
To my knowledge, I have not been exposed to a contagious or infectious disease in the past three weeks, and I am in a state of health which would allow full participation in all YCC activities.			
Signature (Read above statement before signing)		Date (mm/dd/yyyy)	

Part II - To be completed by parent or guardian of the applicant

This is to certify that I am familiar with the Youth Conservation Corps Program and that I give my consent to my son/daughter/ward to participate with the program as a YCC member. I understand that I will not hold the United State Government responsible for any nonprogram accident or illness, and I authorize first aid, or emergency medical care, to be performed at the nearest, most adequate facility approved by the YCC.

1. Emergency contact (Name and Relationship)

2. Home Phone

3. Work Phone

4. Address (Street, City, State and Zip Code)

5. Signature (Parent or Guardian)

6. Date
(mm/dd/yyyy)

Identify in remarks block, any condition that would restrict full participation and describe any special care or treatment that may be required.

Basic functional requirements for outdoor work

1. Heavy lifting, 45 pounds and over
2. Heavy carrying, 45 pounds and over
3. Straight pulling
4. Pulling hand over hand
5. Pushing

7. Use of fingers
8. Both hands required
9. Walking
10. Standing
11. Crawling

13. Repeated bending
14. Climbing, legs only
15. Climbing, use of legs and arms
16. Both legs required
17. Far vision correctable in one eye to 20/20 and to 20/40 in the other

6. Reaching above shoulder

12. Kneeling

18. Hearing (aid permitted)

Environmental factors

1. Outside
2. Excessive heat
3. Excessive cold
4. Excessive humidity
5. Excessive dampness or chilling

6. Dry atmospheric conditions
7. Excessive noise, intermittent
8. Dust
9. Slippery or uneven walking surfaces
10. Working around moving objects or Vehicles

11. Working on ladders or scaffolding
12. Working with hands in water
13. Working closely with other
14. Working alone

REMARKS (Enter information regarding any prescribed medication, reactions to penicillin or any drugs and/or any other health problems of which we should be made aware.)

**PRIVACY ACT STATEMENT
FOR**

THE YCC MEDICAL HISTORY (FS-1800-3) 10/94

The following information is provided to comply with the Privacy Act of 1974 (PL-579), 5 U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. Collecting this information is necessary to assist the agency in safeguarding the health, safety, and welfare of the enrollees of the YCC programs and may be provided to a physician in the event treatment is necessary. This information is requested on a voluntary basis, failure to complete this form will result in exclusion from the program.

According to the Paperwork Reduction Act of 1995, no agency may conduct or sponsor, and no person is required to respond to, a collection of information unless it displays a valid OMB approval number. The OMB approval number for this collection is 0596-0084. Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

7. FS Reviewing officer's signature

8. Date
(mm/dd/yyyy)

RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Agency Use Only	Name (Last, First, <i>Middle Initial</i>)	Social Security Number <div></div>	Birthdate (<i>Month & Year</i>)
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Privacy Act Statement

You are requested to furnish this information under the authority of 42 U.S.C. § 2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then

the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify your-

self by the category with which you most closely identify yourself. Place an "X" in the box next to the appropriate category. NOTE: **Mark only ONE** box.

NAME OF CATEGORY (Mark <i>ONE</i> only)	DEFINITION OF CATEGORY
A <input type="checkbox"/> American Indian or Alaskan Native	Categories for Use in All Jurisdictions Except Hawaii* and Puerto Rico A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa. A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.
B <input type="checkbox"/> Asian or Pacific Islander	
C <input type="checkbox"/> Black, not of Hispanic origin	
D <input type="checkbox"/> Hispanic	
E <input type="checkbox"/> White, not of Hispanic origin	
D <input type="checkbox"/> Hispanic	Categories for Use In Puerto Rico A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico. Does not include persons of Portuguese culture or origin. A person not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico.
Y <input type="checkbox"/> Not Hispanic in Puerto Rico	